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Annual report of the General  
Board of Control, Scotland

1956



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ANNUAL REPORT OF THE  
GENERAL BOARD OF CONTROL  
FOR SCOTLAND  
for the year  
1956

*Presented by the Secretary of State for Scotland to Parliament  
by Command of Her Majesty  
July, 1957*

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# REPORT OF THE GENERAL BOARD OF CONTROL FOR SCOTLAND FOR THE YEAR 1956

TO THE RIGHT HONOURABLE  
JOHN S. MACLAY, C.M.G., M.P.,  
*Secretary of State for Scotland*

Sir,

We, the General Board of Control for Scotland, have the honour to present a report on the work of the Board for the year 1956.

Since presenting the last Annual Report we regret to have to record the death of Dr C. D. Bruce, O.B.E., who for many years rendered valuable service as Medical Superintendent of the State Institution for Defectives and who showed great devotion to duty during the long illness which preceded his death. Dr J. McL. Johnston, a former Deputy Medical Commissioner of the Board, was appointed to succeed Dr Bruce. Dr Patricia O'Kane was appointed as a Deputy Medical Commissioner in succession to Dr C. A. Crichlow who retired during the previous year.

The Board also record with regret the death in March of the present year of Dr Kate Fraser, C.B.E., who served with the Board for many years as a Deputy Commissioner and Medical Commissioner and who after her retirement rendered further great service in the field of mental health as Chairman of the Executive Committee of the Scottish Association for Mental Health.

The Board record their appreciation of the valuable services of Mr D. B. Donald as Secretary of the Board from April, 1955, until he retired in December, 1956. He was succeeded by Mr T. B. Skinner.

## PART I. GENERAL REVIEW

### MENTAL ILLNESS AND MENTAL DEFICIENCY : STATISTICAL SUMMARY

During 1956 the number of admissions to mental hospitals again showed a considerable increase and amounted to 10,147 as compared with 9,168 during the preceding year. Admissions of certified patients as well as of voluntary patients increased but the proportion of voluntary admissions again rose and represented about 73 per cent. of the total admissions. It is to be noted, however, that a number of patients, particularly voluntary patients, were admitted to hospital for more than one period during the year and it has been computed that the number of separate persons admitted during the year was about 9,200 or 950 less than the total number of admissions.

The number of patients in mental hospitals at the end of 1956 was 20,925 or 152 more than at the end of 1955. The large proportion of voluntary admissions during recent years is not fully reflected in the number of voluntary patients resident in hospital at any one time and at the end of 1956 the number of voluntary patients resident was 4,927 or about 23.5 per cent. of the total.

The number of mental patients boarded-out in private dwellings continues to decrease. At 31st December, 1956, the number was 341 or 27 less than at the end of the previous year.



During 1956 the total number of certified mental defectives increased by 70 to 8,135. Of the total, 5,554 were in mental deficiency institutions and 2,581 were under guardianship in terms of the Mental Deficiency (Scotland) Acts at the end of the year.

#### ACCOMMODATION AND STAFF

The overcrowding in particular mental hospitals continues to cause much concern but some improvement may be expected when additional beds become available as the result of the present building programme.

The shortage of institutional accommodation for mental defectives remains acute. During the year a new pavilion to accommodate 60 patients was opened at the Royal Scottish National Institution and a start was made on three major schemes of extension at other National Health Service institutions. At St. Mary's (Galashiels) Certified Institution (which is outwith the National Health Service) extensions which will permit of the reception of 70 additional patients are nearing completion.

Previous reports have referred to the need for additional medical staff in mental hospitals, particularly senior staff, and the Board are glad to observe that there has been an improvement in this respect. The steady increase in out-patient attendances and domiciliary visits, however, continues to make heavy demands, particularly on the senior medical staff. The number of qualified male nurses is generally adequate; but there still remains a shortage of qualified female nurses and student nurses of both sexes.

#### TREATMENT

*Medical Treatment.* During the year research has continued in many mental hospitals into the field of application of the so-called "tranquillizing" drugs. It is not yet possible to form a final assessment of the importance of these drugs but they have been found to be of value (often in combination with other forms of treatment such as electrotherapy) in the treatment of certain forms of mental illness.

*Occupational Therapy.* The value of occupational therapy in the treatment of mental patients is widely recognised. The facilities for such treatment continue to be improved and expanded, and further developments have taken place in providing occupational therapy for patients confined to the wards. In some hospitals patients have engaged with benefit in practical occupations such as repairing and re-springing bedsteads and painting bedsteads and furniture under the guidance of members of the nursing staff. In one hospital a small group of chronic and severely affected patients, who were not previously occupied, showed a new interest in life on being given occupational work in the assembly of a simple piece of apparatus. At another hospital, an example of occupational work of a practical kind has been the construction of a bridle path through the woods and meadows of the hospital estate. The laying out of this path—involving as it did the building of bridges over streams, stiles, levelling of ground and the like—provided work of a particularly interesting nature for the patients concerned.

*Recreation.* Recreation is a form of therapy; a number of mental hospitals have introduced organised physical training and recreation, including games such as badminton, table tennis, netball, quoits and skipping. At one hospital five classes, each with an average of 20 patients, are held each day both for men and for women under the guidance of nurses with special experience in physical training; the Physician Superintendent has concluded arrangements with the Scottish Council for Physical Recreation whereby instructors will give special tutorials in physical training to members of the nursing staff.



## IMPROVEMENTS IN MENTAL HOSPITALS

In a number of mental hospitals, improvements have continued to be made by way of adaptation, renovation and refurnishing. Wards have been decorated in bright and cheerful colours and refurnished with attractive and comfortable furnishings, and new lighting and improved heating systems have been introduced. The Boards of Management and the Physician Superintendents concerned, together with their medical and nursing staffs, are to be commended for their efforts to improve conditions for the patients under their care. There is no doubt that attractive and comfortable surroundings can do much to enhance the prospects of recovery.

The following is an account of some of the improvements in individual hospitals which have been noted by the Board's Medical Commissioners in the course of their statutory visits during the year.

In Hospital A, a large hospital built over 80 years ago, the care and treatment of the patients had been carried out for many years under difficult and unsatisfactory conditions. The hospital was overcrowded and there was no adequate classification of the patients—particularly of newly admitted patients and of patients suffering from early and recoverable forms of mental illness. The standards of accommodation and furnishing in most parts of the hospital were poor and the facilities for carrying out modern methods of treatment very limited. During the year—without new buildings and at moderate cost—this hospital has been transformed. The admission unit has been re-equipped and brought into active use. The wards have been re-classified and re-grouped; large wards formerly accommodating 100 patients or more are being subdivided into smaller units, each of 25 patients. The wards are being redecorated, renovated and refurnished and overcrowding has been relieved by the conversion of a section of the Nurses' Home into accommodation for the reception of patients. The nursing staff has been reorganised to provide more individual attention for the smaller groups of patients, treatment facilities have been expanded, research is being carried out into new methods of treatment and occupational projects of a practical and realistic kind inaugurated. An organised programme of physical training and recreation has been started. The policy which has been adopted of keeping the patients up and active wherever possible has resulted in a two-thirds reduction in the number of patients confined to bed. Wards are being unlocked, parole is granted generously and weekend leave is encouraged. The effect on the health, well-being and hopefulness of the patients has been remarkable. These new developments have to some extent changed the duties of the nurses and have added interest to their work.

In Hospital B an extensive programme of redecoration and refurnishing has been carried out. Special emphasis has been placed on the rehabilitation and re-socialisation of the patients, as many as possible participating in a wide range of occupational and recreational group activities. In addition, psychotherapeutic group activities in which the staff and patients take part have been established; activities are graded according to the needs and potentialities of each group of patients. An increased number of male patients are now employed on nearby farms, while many other patients are engaged in outdoor projects of a practical kind—such as draining a hospital field and preparing it for use as a sports ground. Group discussions are arranged often with instructional and educational films or school broadcasts as a background; cookery classes have been instituted for female patients.

## SOCIAL AMENITIES

In contrast to the general position not so many years ago the social amenities provided for mental patients are on the whole very good. Many mental hospitals now have active social clubs conducted by the patients themselves as well as the



usual entertainments such as dances, whist drives, concert parties and social evenings. Television sets which are now in general use in mental hospitals not only provide a source of entertainment and interest to the patients but are regarded as having marked therapeutic value. At one hospital there is a gramophone record library together with a high quality record player and recitals of music are arranged for groups or for individual patients : at another a beauty parlour has been opened to encourage women patients—often suffering from a long standing chronic mental illness—to take a pride in their appearance : at others pleasant ward gardens are being made.

#### DIETARY

In recent years there has been a marked improvement in the dietaries in mental hospitals, the appointment of Catering Supervisors by a number of hospitals having contributed greatly to this improvement. The quality, quantity and variety of food are now in most cases satisfactory although in some hospitals the arrangements for the serving of food still leave room for improvement. Some hospitals have found it possible to arrange for the service of meals at small tables in the wards.

#### APPLICATION OF REPORT TO MENTAL DEFICIENCY INSTITUTIONS

The remarks made in the preceding paragraphs about treatment, improvements, amenities and dietary in mental hospitals apply generally also to mental deficiency institutions.

#### SPECIAL INQUIRIES

During the year three incidents occurred which caused considerable disquiet.

In one instance three female nurses employed at a mental deficiency institution were tried on charges of ill-treating patients. The nurses were found not guilty on all the charges except as regards one nurse against whom a verdict of not proven was brought in respect of one of the charges. Subsequently an inquiry was held on behalf of the Secretary of State into the administration of the institution concerned, and effect was given to the recommendations which were made.

In another instance a small group of patients in a large mental deficiency institution created a disturbance and caused a considerable amount of damage to windows and furniture. An inquiry was held by the Board into the matter and their conclusion was that the cause of the incident was the mental condition of the patients concerned and not that the patients were suffering from any particular grievance. Three of the patients were removed to the State Institution for Defectives and there has since been no further trouble at the institution concerned.

The other incident concerned the death of two patients in a mental hospital as the result of the accidental administration of oxalic acid instead of epsom salts. The matter was the subject of a Fatal Accidents Inquiry and the Board also conducted an investigation into the dispensing arrangements at the hospital and made recommendations for improvement.

The Board are satisfied that the care and treatment of patients by nurses in mental hospitals and institutions reaches a high standard and is generally marked by a high degree of understanding and sympathy.

#### DISCHARGE OF PATIENTS

When relatives ask Physician Superintendents for the discharge of patients, the request is granted unless the Physician Superintendent considers that the patient should not be discharged because of the seriousness of his mental condition. In such a case the Physician Superintendent refers the matter to the Board whose decision is determined by the report received from one of their Medical



Commissioners and is dependent on whether the patient can be discharged without danger to himself or others. In cases where there may be doubt as to whether a certified mental patient still requires to be detained the Board may arrange for the patient to be examined by two independent doctors under the provisions of the Lunacy (Scotland) Acts. Four such independent examinations were granted by the Board during the year, but in each case the report by the doctors indicated that the patient had not recovered sufficiently to be discharged.

While in the case of mental patients the Board's powers to order discharge are restricted, the discharge of certified mental defectives is a matter entirely for the Board (except in the case of an appeal to the sheriff). During the year there was a large increase in the number of mental defectives discharged by the Board—in practically every case following a period on licence. In appeals to the sheriff, the Board are required to furnish him with factual and medical evidence in support of their opinion that the patient still requires to be under detention.

The system of giving patients a trial on probation (from mental hospitals) or on licence (from mental deficiency institutions) with a view to testing their fitness for ultimate discharge is most useful and the Board were glad to note that in 1956 the number of patients allowed out on such trial was about one-third greater than in the preceding year. They feel however that this policy might be applied to an even greater extent in certain hospitals and institutions.

#### BOARDED-OUT PATIENTS

All patients under private care (mental patients under guardianship or on probation from mental hospitals, mental defectives under guardianship or on licence from mental deficiency institutions, and wards under curatory) were visited during the year by officers of the Board.

The general standard of care was again found to be satisfactory. The living conditions of guardians have improved along with those of the rest of the community and the patients concerned have shared in this improvement. Many patients after stabilisation and instruction are able to do useful work in the community and in some cases to earn remuneration not far short of that given to the ordinary worker. The variety of work which can be done by these patients is interesting: in farm work many are able, under supervision, to manipulate mechanical implements including tractors.

Local authorities continue to give good attention to their patients through visitation by their medical and welfare officers. The provision by various authorities and voluntary organisations of occupational therapy and entertainment for some of the patients is commendable. The occupational centres are in good demand, many guardians and patients expressing regret when the patients have to leave to make way for younger ones.

As noted in last year's Report the number of mental defectives under the care of unrelated guardians tends to decrease, few new guardians being willing to take the place of older guardians who because of age and infirmity are having to give up their patients. What to do with many of those patients is something of a problem to the local authorities; the boarding-out system cannot absorb them and institutional accommodation is almost impossible to find. It is a question whether more guardians could be found if the scales of allowances at present paid for the maintenance and guardianship of mental defectives were increased.

#### VOLUNTARY ASSOCIATIONS AND VOLUNTARY HELP

Invaluable work in the interests of mental patients and mental defectives continues to be performed by the voluntary associations and hospital auxiliary associations. During the year the Paisley Branch of the Scottish Association for Mental Health opened a new occupational centre for mental defectives at Monk-



shaw, Paisley, and the Scottish Association of Parents of Handicapped Children made arrangements to establish a holiday home for mentally handicapped children at Cove, Dunbartonshire.

#### STATE INSTITUTION FOR DEFECTIVES AND THE STATE MENTAL HOSPITAL, CARSTAIRS

Work on the construction of the new buildings at Carstairs has continued to make excellent progress and is nearing completion. The State Institution for Defectives which has suffered from an acute shortage of accommodation for a number of years is to be transferred to the new buildings and the buildings at present occupied by the State Institution are to be used for the purpose of establishing a State Mental Hospital in accordance with the provisions of section 63 of the Criminal Justice (Scotland) Act, 1949. The State Mental Hospital, which is to be managed by the Board, is to take the place of the Criminal Lunatic Department of Perth Prison which is administered by the Scottish Home Department and it is hoped (subject to the making of an Order in Council to bring the above-mentioned provisions into operation) that the transfer will take place on 1st October, 1957.

The State Mental Hospital is to be staffed by qualified mental nurses and with this in view a number of such nurses have already been recruited and seconded meantime for service in the Criminal Lunatic Department.

Owing to the shortage of accommodation in the buildings at present occupied by the State Institution the Board were unfortunately again obliged to refuse a number of requests by the Courts for the admission of defectives whom it had been proposed to commit to the Institution under the provisions of the Criminal Justice (Scotland) Act, 1949.

The Board have continued to keep under review the cases of the patients in the State Institution with a view to their being given a trial on licence whenever their conduct would warrant such a course. The number of patients on licence at the end of the year was 21, i.e., about 18 per cent. of the total number on the register of the Institution.

#### MENTAL HEALTH STATISTICS

Reference was made in last year's Report to a procedure which had been instituted for the purpose of obtaining central statistics about such matters as the incidence of mental illness in relation to age, occupation and marital status, duration of treatment, etc. The procedure involved the submission by the mental hospitals and institutions of index cards for all the existing patients as at 31st December, 1955, and also for all patients admitted on or after 1st January, 1956. The completion of these cards, particularly those for the "existing" patients, has involved the hospitals and institutions in a considerable amount of extra work and the Board wish to place on record their appreciation of the manner in which the superintendents and their staffs have co-operated in this scheme.

It is hoped that some of the statistics will be available for publication next year.



## PART II: STATISTICS

### A. MENTAL PATIENTS

#### *Number and Distribution of Persons under Treatment*

On 31st December, 1956, the total number of persons in Scotland who were under treatment for mental illness (including those boarded out in private dwellings and also the inmates of the Criminal Lunatic Department of Perth Prison) was 21,376 or 134 more than at the end of 1955.

These persons were placed as undernoted :—

			<i>Male</i>	<i>Female</i>	<i>Total</i>
Mental Hospitals (National Health Service)	...		9,875	10,606	20,481
*Mental Wards (National Health Service)	...	...	206	198	404
Private Mental Hospital	...	...	—	40	40
Private Dwellings	...	...	181	160	341
Criminal Lunatic Department	...	...	102	8	110
Totals	...	...	10,364	11,012	21,376

\* These are wards of general hospitals and have been designated by the Secretary of State as public mental hospitals.

#### *Patients in Mental Hospitals*

The number of patients in mental hospitals (including those in mental wards) on 31st December, 1956, was 20,925, or 152 more than at the end of 1955. Of the total number, 15,998 were certified patients (347 fewer than at the end of 1955) and 4,927 were voluntary patients (499 more than at the end of 1955).

Table I in the Appendix shows the number of patients in each mental hospital, distinguishing between certified patients and voluntary patients and between Health Service patients and private patients. (The term “private patients” is used to describe those patients who, under section 5 of the National Health Service (Scotland) Act, 1947, defray the whole cost of their treatment).

#### *Admissions to Mental Hospitals*

During 1956 the total number of patients admitted to mental hospitals (excluding transfers) was 10,147 (979 more than in 1955). Of that number 2,732 (149 more than in 1955) were certified patients and 7,415 (830 more than in 1956) were voluntary patients.

The figures of admissions in respect of each mental hospital (including transfers from other mental hospitals) are shown in Table II of the Appendix.

Table III in the Appendix gives the statutory return of the number of orders granted by the Sheriffs under sections 14 and 15 of the Lunacy (Scotland) Act, 1862, for the admission of certified patients to mental hospitals.

The number of certified patients admitted in pursuance of orders of the court under section 23 of the Criminal Justice (Scotland) Act, 1949, was 9 (one fewer than in 1955).

#### *Discharges*

During the year 1,650 certified patients were discharged from mental hospitals (169 more than in 1955). Of these 1,092 were “recovered,” 385 were “relieved,” 58 were “not improved” and 21 were transferred to private dwellings. In 41 cases, the patients were discharged after having been absent by escape for more than twenty-eight days.

The number of voluntary patients who left mental hospitals during the year was 6,349 (631 more than in 1955).

The figures for each mental hospital are shown in Table II of the Appendix.



### *Deaths and Accidents*

The number of patients in mental hospitals who died during the year was 1,996 (9 more than in 1955). Eight of the deaths were due to suicide and 55 were attributable wholly or mainly to accidents.

The number of deaths in each mental hospital is shown in Table II of the Appendix.

The number of non-fatal accidents in mental hospitals was 435.

### *Patients on Probation*

During 1956, the number of certified patients allowed out on probation from mental hospitals was 324 as compared with 241 in 1955. Taking into account the number already on probation at the beginning of the year, the total number of patients on probation in the course of 1956 was 475. Of these, 122 were discharged at the end of their period of probation, 125 were sent back to mental hospitals, 19 were transferred to guardianship in private dwellings and 9 died. The number still on probation at the end of 1956 was 200.

### *Patients in Private Dwellings*

The figure of 341 mental patients boarded out in private dwellings with the sanction of the Board at 31st December, 1956, represents a decrease of 27 as compared with the number at the end of 1955.

### *Wards under Curatory*

At 31st December, 1956, there were 1,690 persons reported by the Accountant of the Court of Session as being under judicial factors in consequence of mental unfitness for the management of their affairs. Of these, 1,329 were in mental hospitals and 286 in private dwellings ; the remainder were resident outwith Scotland.

### *Reports to the Court under the Divorce (Scotland) Act, 1938*

Where an action of divorce is brought on the ground of the incurable insanity of the petitioner's spouse, it is the duty of the Board to furnish the courts with a report as to the probability of recovery of the patient. During the year 25 such reports were furnished by the Board (10 more than in 1955). An officer of the Board attends the court to speak to these reports.

### *Licences granted by the Board for Private Mental Hospitals*

Only one licence was granted by the Board for the continuance of a private mental hospital, namely, St. Andrew's Private Mental Hospital, Hawick.

## B. MENTAL DEFECTIVES

### *Number and Distribution of Certified Mental Defectives*

On 31st December, 1956, the total number of certified mental defectives in Scotland was 8,135, or 70 more than at the end of 1955. Of that number, 5,554 were patients in institutions (41 more than at the end of 1955) and 2,581 were under guardianship in terms of the Mental Deficiency (Scotland) Acts (29 more than at the end of 1955).

The defectives were placed as undernoted :—

					<i>Male</i>	<i>Female</i>	<i>Total</i>
Institutions (National Health Service)	...	...			2,612	2,188	4,800
Certified Institutions	...	...	...	...	301	341	642
State Institution	...	...	...	...	112	—	112
Under guardianship	...	...	...	...	1,364	1,217	2,581
Totals	...	...	...	...	4,389	3,746	8,135

### *New Cases*

During 1956 the number of new cases admitted to institutions was 374, a decrease of 42 as compared with the preceding year. The number of new cases placed under guardianship was 152, an increase of 13 as compared with 1955.



The number of persons admitted to institutions in pursuance of orders made by the courts under sections 24 and 25 of the Criminal Justice (Scotland) Act, 1949, was 66 (6 less than in 1955) and the number placed under guardianship under those provisions was 17 (one more than in 1955).

The total number admitted to each institution (including transfers from other institutions and from guardianship) is shown in Table IV in the Appendix.

#### *Discharges and Deaths*

During 1956, the number of mental defectives discharged from the provisions of the Mental Deficiency (Scotland) Acts was 290, an increase of 116 as compared with the preceding year. Of these, 192 were discharged from institutions and 98 were discharged from guardianship. In 70 cases, the defective was discharged after having been absent by escape for more than three months.

The number discharged from each institution is shown in Table IV of the Appendix.

The number of deaths of defectives during the year was 90 (55 fewer than in 1955). The number of deaths in each institution is shown in Table IV of the Appendix.

#### *Patients on Licence*

During 1956, the number of patients allowed out on licence was 167 as compared with 126 in 1955. Taking into account the number already on licence at the beginning of the year the total number of patients on licence in the course of 1956 was 541. Of these, 88 were discharged, 74 were sent back to the institution, 11 were transferred to guardianship and one died. The number still on licence at the end of the year was 367.

#### *Review of Detention*

The Mental Deficiency (Scotland) Acts lay upon the Board the duty of reviewing periodically the case of each certified mental defective, and of deciding whether the defective should be discharged or continued under care for a further period. During the year, the number of defectives whose cases were so reviewed was 3,486.

#### *Appeals against Detention*

There is a statutory right of appeal to the sheriff against the continued detention of a defective. During the year appeals were lodged in 25 cases (seven fewer than in the preceding year). One of these appeals was sustained by the sheriff and the others were dismissed.

We are, Sir,

Your obedient servants,

J. JARDINE, *Chairman.*

J. A. LILLIE.

HUGH ROSE.

GARNET D. WILSON.

A. A. TEMPLETON.

H. B. CRAIGIE.

L. M. D. MILL.

E. J. C. HEWITT.

T. B. SKINNER, *Secretary,*

Edinburgh, 21st June, 1957.

# APPENDIX—TABLE I

## NUMBER AND CLASSIFICATION OF PATIENTS IN EACH MENTAL HOSPITAL ON 31ST DECEMBER, 1956

Name of Mental Hospital	Address	Name of Superintendent	Number of Certified Patients						Number of Voluntary Patients						Total Number of Patients									
			Health Service			Private			Total			Health Service				Private			Total					
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.			
Aberdeen Royal	Aberdeen	Dr A. M. Wyllie	348	429	777	11	14	25	359	443	802	2	6	8	65	138	203	2	6	8	67	144	211	1,013
Argyll and Bute	Lochgilphhead, Argyllshire	Dr I. MacCammond	234	201	435	—	—	—	234	201	435	—	—	—	43	35	78	—	—	—	43	35	78	513
Bangour	Broxburn, W. Lothian	Dr A. K. M. Macrae	371	443	814	—	—	—	371	443	814	—	—	—	122	126	248	—	—	—	122	126	248	1,062
Bellsdyke	Larbert	Dr A. P. Russell	601	503	1,104	—	—	—	601	503	1,104	—	—	—	67	58	125	—	—	—	67	58	125	1,229
Bilbohall	Elgin	Dr T. Dymock	93	84	177	—	—	—	93	84	177	—	—	—	6	3	9	—	—	—	6	3	9	186
Craig Dunain	Inverness	Dr M. M. Whittet	423	363	786	—	—	—	423	363	786	—	—	—	129	129	258	—	—	—	129	129	258	1,044
Crichton Royal	Dumfries	Dr P. K. McCowan	179	244	423	11	11	22	190	255	445	39	52	91	335	376	711	39	52	91	374	428	802	1,247
Dingleton	Melrose	Dr G. M. Bell	131	159	290	—	—	—	131	159	290	—	—	—	71	104	175	—	—	—	71	104	175	465
Dykebar	Paisley	Dr J. M. Rosie	188	192	380	—	—	—	188	192	380	—	—	—	21	21	42	—	—	—	21	21	42	422
East Lothian	Haddington	Dr A. B. Hegarty	85	99	184	—	—	—	85	99	184	—	—	—	13	14	27	—	—	—	13	14	27	211
Gartloch	Gartoosh, Glasgow	Dr J. W. Macpherson	350	332	682	—	—	—	350	332	682	—	—	—	57	36	93	—	—	—	57	36	93	775
Glasgow Royal	Glasgow	Dr A. MacNiven	164	277	441	—	—	—	164	277	441	—	—	—	167	361	528	—	—	—	167	361	528	969
Glengall	Ayr	Dr H. J. Brawn Miller	197	224	421	—	—	—	197	224	421	—	—	—	64	85	149	—	—	—	64	85	149	570
Gowrie House	Dundee	Dr I. R. C. Batchelor	4	12	16	—	—	—	4	12	16	—	—	—	13	47	60	—	—	—	13	47	60	76
Hartwood	Shotts, Lanarkshire	Dr W. N. J. Chapman	815	664	1,479	—	—	—	815	664	1,479	—	—	—	121	116	237	—	—	—	121	116	237	1,716
Hawkhead	Cardonald, Glasgow	Dr J. Milne	596	485	1,081	—	—	—	596	485	1,081	—	—	—	57	74	131	—	—	—	57	74	131	1,212
Kingseat	New Machar, Aberdeen-shire	Dr R. A. Y. Stewart	332	301	633	—	—	—	332	301	633	—	—	—	66	58	124	—	—	—	66	58	124	757
Ladysbridge	Banff	Dr T. Dymock	—	18	18	—	—	—	—	18	18	—	—	—	7	3	10	—	—	—	7	3	10	28



Montrose Royal	Montrose	Dr J. C. Anderson	238	287	525	8	5	13	246	292	538	79	119	198	18	33	51	97	152	249	787
Murray Royal	Perth	Dr J. McDougall	30	39	69	3	7	10	33	46	79	66	85	151	7	13	20	73	98	171	250
Murthly	Murthly, Perthshire	Dr J. McDougall	156	178	334	—	—	—	156	178	334	70	77	147	—	—	—	70	77	147	481
Ravensraig	Greenock	Dr R. H. Mitchell	146	123	269	—	—	—	146	123	269	27	39	66	—	—	—	27	39	66	335
Riccartsbar	Paisley	Dr D. Mackenzie	115	143	258	—	—	—	115	143	258	27	53	80	—	—	—	27	53	80	338
Rosslynlee	Midlothian	Dr A. B. Hegarty	177	186	363	—	—	—	177	186	363	17	18	35	—	—	—	17	18	35	398
Royal Edinburgh	Edinburgh	Dr T. A. Munro	255	335	590	9	15	24	264	350	614	184	273	457	6	5	11	190	278	468	1,082
Stoneyetts	Chryston, Glasgow	Dr J. Macleod	170	128	298	—	—	—	170	128	298	40	18	58	—	—	—	40	18	58	356
Stratheden	Cupar, Fife	Dr D. Ross	449	491	940	—	—	—	449	491	940	69	77	146	—	—	—	69	77	146	1,086
Westgreen	Dundee	Dr A. A. Bell	306	308	614	—	—	—	306	308	614	24	21	45	—	—	—	24	21	45	659
Woodilee	Lenzie, Glasgow	Dr W. A. Cramond	549	587	1,136	—	—	—	549	587	1,136	32	46	78	—	—	—	32	46	78	1,214
Cuninghame Home Mental Wards	Irvine	Mr A. Young	31	27	58	—	—	—	31	27	58	2	1	3	—	—	—	2	1	3	61
Long Island Home Mental Wards	Lochmaddy	Mr D. J. MacInnes	15	11	26	—	—	—	15	11	26	—	—	—	—	—	—	—	—	—	26
Royal Alexandra Hospital Annexe Mental Wards	Paisley	Mr J. Craig	52	53	105	—	—	—	52	53	105	—	—	—	—	—	—	—	—	—	105
Southern General Hospital Mental Wards	Glasgow	Dr C. Mackay	69	66	135	—	—	—	69	66	135	20	21	41	—	—	—	20	21	41	176
Woodcot Home Mental Wards	Stonehaven	Mr R. Hutchison	17	19	36	—	—	—	17	19	36	—	—	—	—	—	—	—	—	—	36
St. Andrew's Private Mental Hospital	Hawick	Sister Mary Mag- dalen	—	—	—	—	7	7	—	7	7	—	—	—	—	33	33	—	33	33	40
TOTALS			7,886	8,011	15,897	42	59	101	7,928	8,070	15,998	2,081	2,632	4,713	72	142	214	2,153	2,774	4,927	20,925

# APPENDIX—TABLE II

NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS AND DEATHS DURING 1956 FOR EACH MENTAL HOSPITAL

Name of Mental Hospital	CERTIFIED PATIENTS										VOLUNTARY PATIENTS							
	Admissions (including Transfers from other Mental Hospitals).		Discharges				Transfers				Deaths		Admissions		Left		Deaths	
			Recovered	Relieved	Not Improved	To Other Mental Hospitals		To Private Dwellings										
						M.	F.	M.	F.									
										M.								
Aberdeen Royal	M. 65	F. 78	M. 29	F. 41	M. 6	F. 5	M. —	F. —	M. 1	F. —	M. 41	F. 34	M. 128	F. 190	M. 120	F. 163	M. 2	F. 10
Argyll and Bute	20	44	5	6	2	3	—	—	—	—	12	32	57	61	41	49	3	4
Bangour	71	110	31	45	12	15	—	—	—	—	24	44	139	211	117	118	14	11
Bellsdyke	64	72	22	27	4	1	—	—	3	1	38	37	86	105	73	105	13	10
Bilbohall	16	16	8	9	—	—	1	—	—	—	5	7	8	8	6	9	—	1
Craig Dunain	50	58	28	33	6	6	—	—	—	—	20	27	290	318	243	269	29	36
Crichton Royal	38	48	14	21	23	22	2	—	1	—	16	16	652	572	585	531	43	28
Dingleton	32	41	12	12	4	—	—	—	1	3	15	34	132	232	101	188	22	21
Dykebar	26	35	15	25	1	1	—	—	6	—	8	14	24	29	14	18	2	—
East Lothian	8	22	2	7	—	—	—	—	—	3	12	16	7	20	4	16	—	—
Gartloch	98	97	40	23	4	2	—	—	3	2	49	36	232	80	221	59	10	6
Glasgow Royal	40	62	6	20	10	19	4	8	6	3	10	32	193	329	151	278	24	37
Glengall	40	71	31	53	54	31	—	—	2	1	25	36	139	193	81	151	2	5
Gowrie House	1	—	—	—	—	—	1	—	—	—	—	3	70	153	64	130	1	1
Hartwood	96	109	36	59	5	7	9	1	2	5	66	56	180	226	166	203	16	14
Hawkhead	110	113	51	48	23	15	6	3	1	2	46	46	130	149	103	128	7	10
Kingseat	79	102	25	59	2	—	—	1	1	—	38	31	163	191	151	190	2	3
Ladysbridge	—	—	1	—	—	—	1	—	17	12	1	1	—	—	—	—	—	—
Montrose Royal	22	19	9	5	1	—	—	2	—	1	19	19	56	86	38	47	12	27
Murray Royal	4	12	1	1	1	2	—	—	2	—	2	5	119	140	118	122	5	24
Murthly	20	16	6	4	1	—	2	—	2	5	14	13	44	52	20	33	10	12
Ravenscraig	27	28	14	16	2	5	—	—	4	—	13	12	43	70	35	56	5	2
Riccartsbar	6	19	2	9	—	4	2	1	—	—	3	8	25	64	20	57	4	3
Rosslynlee	31	39	13	19	9	11	2	—	1	2	8	9	36	40	37	45	2	—



Royal Edinburgh Stoneyetts Stratheden Westgreen	50 23 87 41	66 19 127 64	6 8 24 10	6 4 17 15	13 1 8 —	17 1 13 —	3 — 1 —	2 — 3 —	1 — — 1	2 — 4 3	— — — —	— — — —	21 10 42 28	27 9 58 29	117 66 160 20	186 12 208 12	109 44 151 20	176 7 202 8	10 9 6 2	20 1 5 7
Woodilee Cunninghame Home Mental Wards Long Island Home Mental Wards Royal Alexandra Hospital Annexe Mental Wards Southern General Hospital Mental Wards Woodcot Home Mental Wards St. Andrew's Private Mental Hospital	105 8 1 4 — 2 —	129 1 1 1 4	74 — — — —	79 — — — —	5 — — — —	8 — — — —	— — — — —	— — 1 — —	6 — — — —	24 — — — —	— — — — —	— — — — —	48 1 1 5 7 2 —	62 2 2 6 11 1 1	57 1 — — — 8 — —	58 — — — — 16 — 22	34 — — — 1 — —	37 — — — — 5 — —	2 — — — 1 — —	6 — — — — — 8
Totals	1,285	1,624	523	663	197	188	33	25	79	98	10	11	650	776	3,382	4,033	2,868	3,481	258	312
Totals, male and female combined	2,909		1,186		385		58		177		21		1,426		7,415		6,349		570	

# APPENDIX—TABLE III

Number of Orders granted by the Sheriffs under Sections 14 and 15 of the Lunacy (Scotland) Act, 1862, for the Admission of Certified Patients to Mental Hospitals and the Names and Addresses of the Mental Hospitals to which the Orders were sent

Sheriffdom	Name and Address of Mental Hospital		No. of Orders	Total
Aberdeen, Kincardine & Banff	Aberdeen Royal Mental Hospital	Aberdeen	122	269
	Kingseat Mental Hospital	Newmachar, Aberdeenshire	147	
Ayr & Bute	Argyll and Bute Mental Hospital	Lochgilphead, Argyllshire	10	117
	Crichton Royal Institution	Dumfries	4	
	Cuninghame Home Mental Wards	Irvine, Ayrshire	1	
	Gartloch Mental Hospital	Gartcosh, Glasgow	1	
	Glasgow Royal Mental Hospital	Glasgow	2	
	Glengall Mental Hospital	Ayr	97	
	Ravenscraig Mental Hospital	Greenock	2	
Caithness, Sutherland, Orkney & Zetland	Aberdeen Royal Mental Hospital	Aberdeen	9	24
	Craig Dunain Mental Hospital	Inverness	10	
	Kingseat Mental Hospital	Newmachar, Aberdeenshire	5	
Dumfries & Galloway	Crichton Royal Institution	Dumfries	52	52
Fife & Kinross	Stratheden Mental Hospital	Cupar, Fife	198	198
Inverness, Moray, Nairn and Ross & Cromarty	Aberdeen Royal Mental Hospital	Aberdeen	3	104
	Craig Dunain Mental Hospital	Inverness	76	
	Bilbohall Mental Hospital	Elgin	25	
Lanark	Argyll and Bute Mental Hospital	Lochgilphead, Argyllshire	4	950
	Bellsdyke Mental Hospital	Larbert, Stirlingshire	12	
	Crichton Royal Institution	Dumfries	8	
	Dykebar Mental Hospital	Paisley	8	
	Gartloch Mental Hospital	Gartcosh, Glasgow	169	
	Glasgow Royal Mental Hospital	Glasgow	85	
	Glengall Mental Hospital	Ayr	4	
	Hartwood Mental Hospital	Shotts, Lanarkshire	195	
	Hawkhead Mental Hospital	Glasgow	204	
	Kingseat Mental Hospital	Newmachar, Aberdeenshire	1	
	Ravenscraig Mental Hospital	Greenock	1	
	Riccartsbar Mental Hospital	Paisley	1	
	Southern General Hospital, Mental Wards	Glasgow	4	
	Stoneyetts Mental Hospital	Chryston, Glasgow	42	
	Woodilee Mental Hospital	Lenzie, Glasgow	212	
Perth & Angus	Gowrie House Mental Hospital	Liff, by Dundee	1	
	Murray Royal Mental Hospital	Perth	12	
	Murthly Mental Hospital	Murthly	31	
	Montrose Royal Mental Hospital	Montrose	37	
	Stratheden Mental Hospital	Cupar, Fife	1	
	Westgreen Mental Hospital	Dundee	102	184



APPENDIX—TABLE III—*Continued*

Sheriffdom	Name and Address of Mental Hospital		No. of Orders	Total
Renfrew & Argyll	Argyll and Bute Mental Hospital	Lochgilphead, Argyllshire	38	125
	Crichton Royal Institution	Dumfries	1	
	Dykebar Mental Hospital	Paisley	45	
	Glasgow Royal Mental Hospital	Glasgow	2	
	Hawkhead Mental Hospital	Glasgow	7	
	Ravenscraig Mental Hospital	Greenock	4	
	Riccartsbar Mental Hospital	Paisley	22	
	Royal Alexandra Hospital Annexe Mental Wards	Paisley	5	
	Woodilee Mental Hospital	Lenzie, Glasgow	1	
Roxburgh, Berwick & Selkirk	Dingleton Mental Hospital	Melrose	34	35
	St. Andrew's Private Mental Hospital	Hawick	1	
Stirling, Dunbarton and Clackmannan	Argyll and Bute Mental Hospital	Lochgilphead, Argyllshire	4	121
	Bellsdyke Mental Hospital	Larbert	103	
	Cuninghame Home Mental Wards	Irvine, Ayrshire	1	
	Glasgow Royal Mental Hospital	Glasgow	4	
	Gartloch Mental Hospital	Gartcosh, Glasgow	1	
	Hartwood Mental Hospital	Shotts, Lanarkshire	2	
	Hawkhead Mental Hospital	Glasgow	1	
	Murray Royal Mental Hospital	Perth	1	
	Woodilee Mental Hospital	Lenzie, Glasgow	4	
The Lothians and Peebles	Bangour Mental Hospital	Broxburn, West Lothian	169	409
	Bellsdyke Mental Hospital	Larbert	1	
	Dingleton Mental Hospital	Melrose	34	
	East Lothian Mental Hospital	Haddington	28	
	Royal Edinburgh Hospital for Mental Disorders	Edinburgh	109	
	Rosslynlee Mental Hospital	Roslin, Midlothian	65	
	Stratheden Mental Hospital	Cupar, Fife	3	
	Total	...	—	2,588

APPENDIX—TABLE IV

NUMBER OF DEFECTIVES ON REGISTER OF EACH MENTAL DEFICIENCY INSTITUTION ON 31ST DECEMBER, 1956,  
AND THE NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS AND DEATHS DURING 1956

Name of Institution	Address	Name of Superintendent	Number of Defectives on Register of Institution			Admissions*			DISCHARGES									Transfers to other Institutions			DEATHS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
			M.	F.	T.	M.	F.	T.	From provisions of Mental Deficiency (Scotland) Acts			To Guardianship			To Mental Hospitals			M.	F.	T.	M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
									M.	F.	T.	M.	F.	T.	M.	F.	T.							M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
Baldovan	by Dundee	Dr M. M. Macrae	264	185	449	14	7	21	5	3	8	—	—	—	—	1	1	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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